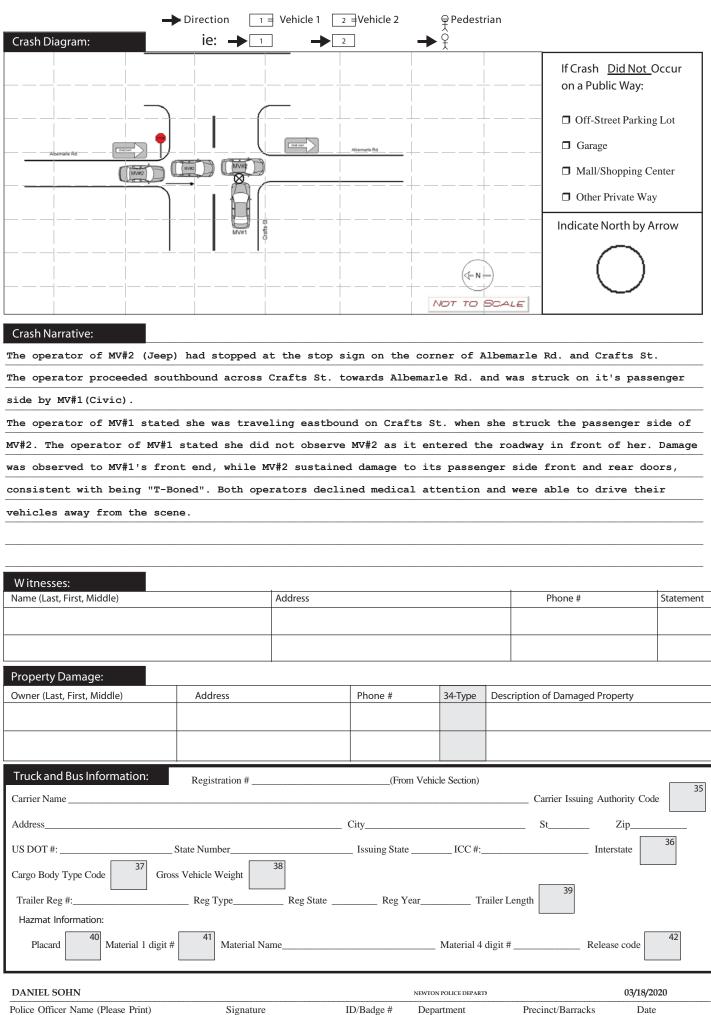
	Police Use Only	Commo	m v caitii	OI IVIIIIDDII	muscus		IXIVI	Docume	nt Number
	Date of Crash   Time of Crash   O3/18/2020   18:29   NEWTO		Aotor Vel	hicle Cras	h Number Vehicles	Number Injured	Speed Limit Latitude	25 S	State Police Local Police MBTA Police
L	24HR	71		Report	2	0	Longitude_		Other:
	AT INTERSECTI	ON:	< LOCA	TION >		NOT	AT INTE	ERSECT	TION:
1	ALBEMARLE RD	)							
┨	Route# Direction N	Name of Roadway/Street		Route# Direction	Address #		Name of R	oadway/Str	reet
$\dashv$	At CRAFTS ST			Feet NSEW of • or					
-	Route# Direction Name of Intersecting Roadway/Street			Feet NSEW of or Exit Number					
- 1	Also		Feet N S E W of Route# Intersecting Roadway/Street						
				Feet N	S E W of	Koute#	intersect	ilig Koauw	ay/Sifeet
_[	Route# Direction Name of	Intersecting Roadway/Stre	/Street Landmark						
	XVehicle1 1_#Occupants  Hi	it/Run	Case Number	r	2000000241				
ſ	License #	_St MA DOB/Age	Reg #	8ZV752		_ Reg Type	PAN	Reg Sta	
	Sex_F Lic. Class D 18 18 Lic. Res	strictions 1 19 CDL	Veh	Year 2016	_ Veh Make_H	ONDA		Veh Confi	g. 20
	Operator NICOLAZZO CATE	RINA	rsment	or (Same as operat					
	Address 26 COTTAGE PL	Address							
		State_MA Zip 024						Zin	,
	Insurance Company GEICO INSURANC	•	•	cle Action Prior to C		_		_	cle Up to Three)
$\neg$	Vehicle Travel Direction: NSWW	Responding to Emerge		t Sequence 1 22	22 22	<sup>22</sup> O	3	4	
	Citation # (If Issued)	1 0 0		Harmful Event 1	23				10 Undercarriage
	Violation 1: ChSec V	iolation 2: Ch Sec		er Contributing Code	24	24	<b>⊢</b>     9	5	11 Totaled
	Violation 3: ChSec Violation 4: ChSec Underride/Override								
╅		Please fill out for operator and all occupants involved					30 31 Eject Trap Code Code	32 33 Injury Transp	
-	Name (Last First Middle)  Operator	Add See Al			26 27 Seat Safety Pos. System	Status Switch	Code Code	Status Code	Medical Facility
-	Орегию	500 710			99	1 99	0 0	10 1	
-									
	Please Select One of the Following:	Occupants Non-Moto	orist A Type	14 Action 15	Location	16 Conditi	on 17	Hit/R	un Moped
	License#St MA DOB/Age			Reg # 839VD2 Reg Type PAN Reg State MA					
ľ									20
	18 18	strictions B 19 CDL	Veh Y	Year 2014	_ Veh Make_JE			Veh Confi	
	Sex_F Lic. Class D 18 18 Lic. Res	strictions B CDL Endor	rsment Owne	Year 2014	_Veh Make_JE JONAT	EP			
	Sex_F Lic. Class D 18 18 Lic. Res Operator QI YUE  Last F	strictions B CDL	rsment Owne	Year 2014	JONAT	EP		Veh Confi	
	Sex_F         Lic. Class         D         18         18         Lic. Res           Operator         QI         YUE         YUE         Address         23 DONNA RD	strictions B CDL Endor	Owned Address	Year_2014 er_LI	JONAT	EP			g. 2
	Sex_F         Lic. Class         18         18         Lic. Res           Operator         QI         YUE           Address         23 DONNA RD         F           City_NEWTON         City_NEWTON	State MA Zip 024	Owned Address City	Year 2014  er LI  ess 10 (apt. 108) KE	JONAT NMORE ST	EP CHAN First	State_	Middle  MA_Zip	g. 2
	Sex_F_ Lic. Class D 18 18 Lic. Res  Operator QI YUE  Address 23 DONNA RD  City NEWTON  Insurance Company ARBELLA MUTUAI	State MA Zip 024 L INSURANCE	Owne  Addre  59  City  Vehice	Year 2014  er LI  ers 10 (apt. 108) KE  BOSTON  cle Action Prior to C	JONAT NMORE ST	EP CHAN First	State_	Middle  MA_Zip	02215 cle Up to Three)
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	Sex_F_ Lic. Class D 18 18 Lic. Res  Operator QI YUE  Last Address 23 DONNA RD  City NEWTON  Insurance Company ARBELLA MUTUAI  Vehicle Travel Direction: N X E W  Citation # (If Issued)  Violation 1: ChSec V	State MA Zip 024  L INSURANCE  Responding to Emerge  Violation 2: ChSec	Owned	Year 2014  er LI  less 10 (apt. 108) KE  BOSTON  cle Action Prior to C  t Sequence 1 22  Harmful Event 1  er Contributing Code	JONATON JONA JONATON JONATON JONATON JONA JONA JONA JONA JONA JONA JONA JO	EP CHAN First  Date of the property of the pro	State_ maged Area	MA Zip Code: (Circ	g. 2  02215  cle Up to Three)
	Sex_F         Lic. Class         D 18         18         Lic. Res           Operator         QI         YUE         YUE	B   CDL   Endor	Owned	Year 2014  er LI  10 (apt. 108) KE  BOSTON  cle Action Prior to C  t Sequence 1 22  Harmful Event 1	JONAT NMORE ST 22 22 22 22 23 25 Towed	EP CHAN First  Date  22 2  24  N  8	State maged Area	MA Zip Code: (Circ	g. 2  02215  cle Up to Three)  10 Undercarriage 11 Totaled
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	Sex_F_ Lic. Class D 18 18 Lic. Res  Operator QI YUE  Last F  Address 23 DONNA RD  City NEWTON  Insurance Company ARBELLA MUTUAI  Vehicle Travel Direction: N X E W  Citation # (If Issued)  Violation 1: ChSec V  Please fill out for operator	State MA Zip 024  L INSURANCE  Responding to Emerge  Violation 2: ChSec  Violation 4: ChSec  and all occupants involve	Siment Owned Address  Address  Owned Address	Year_2014  erLI	JONAT NMORE ST  Trash 1 2 22 22 23 24 24 25 Towed 26 26 Safety	EP CHAN First  Date  22 2  24  N  8	State maged Area	MA Zip Code: (Circ	g. 2  02215  cle Up to Three)  10 Undercarriage 11 Totaled
	Sex_F_ Lic. Class D 18 18 Lic. Res  Operator QI YUE  Last F  Address 23 DONNA RD  City NEWTON  Insurance Company ARBELLA MUTUAI  Vehicle Travel Direction: N X E W  Citation # (If Issued)  Violation 1: Ch Sec V  Violation 3: Ch Sec V  Please fill out for operator Name (Last First Middle)	State MA Zip 024  L INSURANCE  Responding to Emerge  Violation 2: ChSec  Violation 4: ChSec  and all occupants involved	Siment Owned Address  Address  Owned Address	Year_2014  erLI	JONAT   NMORE ST	THAN First  Date of the property of the proper	State_maged Area  3  7  30  Signature 1	MA Zip Code: (Circ  32 33 njury Transp Status Code	g. 2  02215  cle Up to Three)  10 Undercarriage 11 Totaled



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